

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/578,146**
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51	/	/				
2	/	/					52	/	/				
3	/	/					53	/	/				
4	/	/					54	/	/				
5	/	/					55	/	/				
6	/	/					56	/	/				
7	/	/					57	/	/				
8	/	/					58	/	/				
9	/	/					59	/	/				
10	/	/					60	/	/				
11	/	/					61	/	/				
12	/	/					62	/	/				
13	/	/					63	/	/				
14	/	/					64	/	/				
15	/	/					65	/	/				
16	/	/					66	/	/				
17	/	/					67	/	/				
18	/	/					68	/	/				
19	/	/					69	/	/				
20	/	/					70						
21	/	/					71						
22	/	/					72						
23	/	/					73						
24	/	/					74						
25	/	/					75						
26	/	/					76						
27	/	/					77						
28	/	/					78						
29	/	/					79						
30	/	/					80						
31	/	/					81						
32	/	/					82						
33	/	/					83						
34	/	/					84						
35	/	/					85						
36	/	/					86						
37	/	/					87						
38	/	/					88						
39	/	/					89						
40	/	/					90						
41	/	/					91						
42	/	/					92						
43	/	/					93						
44	/	/					94						
45	/	/					95						
46	/	/					96						
47	/	/					97						
48	/	/					98						
49	/	/					99						
50	/	/					100						
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	9					
TOTAL CLAIMS							TOTAL CLAIMS	11					